FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

Angel L. Rodriguez	COMPLAINT	
(Enter above the full name of the plaintiff in this action)	profession of the second of th	· •
V.	civil Action No.	1
Officer Tirado	(To be suppled to the class of the court	· 🔨
April Munson Apr of FFG Healthsystems	MAR 1 4 2022	
(Enter the full name of the defendant of defendants in this action)	AT 8:30 M WILLIAM T. WALSH CLERK	7

INSTRUCTIONS; READ CAREFULLY

- 1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
- 2. In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction depends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
- 3. You must provide the full name of each defendant or defendants and where they can be found.
- 4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint for each defendant to the Clerk. Do not send the complaint directly to the defendants.
- 5. Upon receipt of a fee of \$400.00 (a filing fee of \$350.00, and an administrative fee of \$50.00), your complaint will be filed. You will be responsible for service of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedure.

- 6. If you cannot prepay the \$400.00 fee, you may request permission to proceed in forma pauperis in accordance with the procedures set forth in the application to proceed in forma pauperis. See 28 U.S.C. §1915. (If there is more than one plaintiff, each plaintiff must separately request permission to proceed in forma pauperis.)
- 7. If you are given permission to proceed in forma pauperis, the \$50.00 Administrative Fee will not be assessed. The Clerk will prepare and issue a copy of the summons for each defendant. The copies of summonses and the copies of the complaint which you have submitted will be forwarded by the Clerk to the United States Marshal, who is responsible for service. The Marshal has USM-285 forms you must complete so that the Marshal can locate and serve each defendant. If the forms are sent to you, you must complete them in full and return the forms to the Marshal.

QUESTIONS TO BE ANSWERED

la.	Jurisdiction is asserted pursuant to (CHECK ONE)		
	√ 42 U.S.C. §1983 (applies to state prisoners)		
	Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics, 403 U.S. 388 (1971) and 28 U.S.C. § 1331 (applies to federal prisoners)		
	If you want to assert jurisdiction under different or additional statutes, list these below:		
lb.	Indicate whether you are a prisoner or other confined person as follows:		
Pretrial detainee			
	Civilly-committed detainee		
	Immigration detainee		
	Convicted and sentenced state prisoner		
	Convicted and sentenced federal prisoner		
	_ Other: (please explain) Cumberland County Dept of Corrections		

Previously Dismissed Federal Civil Actions or App	peak
---	------

If you are proceeding in forma pauperis, list each civil action or appeal you have brought in a federal court while you were incarcerated or detained in any facility, that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted. Please note that a prisoner who has on three or more prior occasions, while detained in any facility, brought an action or appeal in a federal court that was dismissed as frivolous or malicious, or for failure to state a claim upon which relief may be granted, will be denied in forma pauperis status unless that prisoner is under imminent danger of serious physical injury. See 28 U.S.C. § 1915(g).

a. Parties to previous lawsuit:			
	Plaintiff(s): Angel L Rodriguez		
	Defendant(s): Difficer Tirado April Munson Apn of CFG Hailt Systems		
o.	Court and docket number:		
Ξ.	Grounds for dismissal: () frivolous () malicious		
	() failure to state a claim upon which relief may be granted		
d.	Approximate date of filing lawsuit: March 4, 2022		
e.	Approximate date of disposition:		
	If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on separate sheets.		
3.	Place of Present Confinement? Combed and County Dept of Lorrector		
4.	Parties		
	(In item (a) below, place your name in the first blank and place your present address in the second blank. Do the same for additional Plaintiffs, if any.)		
	a. Name of plaintiff: Angel L. Rodriquez		

	Address: 54 West Broad st Bridgeton NJ 08302
	Inmate#: 88927
b.	First defendant:
	Name: Officer Tirado
	Official position: Correction officer at Cumberland County Dept of Corrections
	Place of employment: 54 West broad st Bridgeton NJ 08302
	How is this person involved in the case?
O ww	(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?) or Trado Constantly denied Me My time ask of My cell to use the take shower or anything I spent most of the Day in My cell all day with committed suicide brisher officer Tiral disht let us out of the Cell as Murch as a result of the Suicide
c.	Second defendant:
	Name: April Munson
	Official position: APW
	Place of employment: Cumberland county Deputation of Correction
	How is this person involved in the case?
	(i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)
Syst	Munson dence me treatment for pain from the injuries to ained I have laceration and open wound that needs wound care treatment daily on my aims knee and thigh
d.	If there are more than two defendants, attach a separate

d. If there are more than two defendants, attach a separate sheet. For each defendant specify: (1) name, (2) official position, (3) place of employment, and (4) involvement of the defendant.

5.	I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in the Statement of Claims on page 6.				
	YesNo				
	If your answer is "Yes," briefly describe the steps taken, including how relief was sought, from whom you sought relief, and the results.				
	If your answer is "No," briefly explain why administrative remedies were not exhausted.				
	I'm still traumitized from the suicide and Inturies I sustained I keep heary the resistan muchine say breath ! breath!				
6.	Statement of Claims				
	(State here as briefly as possible the facts of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)				
	policy To be dearly and the all some of the source				

the right side of my body I'm also sifter my from abnormal feelings
in my left aim and fingers I was denich medical treatment
in my left aim and fingers I was denich medical treatment because there isn't adequate staff in CFG I do not get seen for my
interior until Mich later I seen April Munson who was von vide
injuries until Much later I soon April Munson who was very vide and heartless about what happen to me she did not treat me for my
Whater I that alven is My Last Pain Olyment for My Open Wounds
which I'm still suffering for I was not young anothing for My swallen
Knee or for the other thing I'm suffery from like pight mare and
which sun still suffering for I was not young anything for My swallen knee or for the other thing I'm suffery from like night mare and lost of Sleep from the suicide I will on the scene for I don't believe
that in mater should stay in there or our cells all day with
cut coming out this is hard on the body and mind This seems
month who commited such ask multiple time to get time out of
inmute who committed suicide ask multiple time to get time out of
his room and he und when including my self were denied on
may occassions I'm a frail to talk about how all this affects
no nestally because it you mention any thing this affecting your
menty health your put in a suicide hell in a twitte suit that
mental health your put in a suicid cell in a twothe suit that wrops around your body with no blankeds or sheet your sleep
on the Cloor and again you never come out of your cell for
on the Cloor and again you never come out of your cell for a phone call or shows it depends on the officer who working
the suls and policies went being followed and In moto are domining
the rules and policies went being followed and In mosts are domining suicide and being injured as a regular

7. Relief

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

Appoint probono council to assist and ensure that everything I'm saying is proven to the pistrict court Interview and invictigate the policy and procedure that keep inmutes in their cells for more time than allowed interview innutes in the Pods and Jul and those shapet to

	Hulson County 10	il I am asking	1 million dollars	in pun and suffere
8.		a jury or non-jur ury Trial (√) Non	y trial? (Check or -Jury Trial	nly one)
I decl	are under penalt	y of perjury that	the foregoing is	true and correct.
Signe	d this <u>L</u> day	of March	, 20 <u>2</u> 2	

Signature of plaintiff*

(*EACH PLAINTIFF NAMED IN THE COMPLAINT MUST SIGN THE COMPLAINT HERE. ADD ADDITIONAL LINES IF THERE IS MORE THAN ONE PLAINTIFF. REMEMBER, EACH PLAINTIFF MUST SIGN THE COMPLAINT).

TILIYA A. KING
NOTARY PUBLIC OF NEW JERSEY
Commission # 50113482
My Commission Expires 9/24/2024